

## FSA SOLUTION LIFE CYCLE (SLC)



## Formal Signoff Document

| <b>Phase Name:</b> | <u>Definition</u>                        |        |  |
|--------------------|--|--------|--|
| Deliverable Name:  | <b>Solution Acquisition Plan Updated</b> |        |  |
| Responsible:       | (Project Manager Name)                   |        |  |
|                    | (Project Manager Signature)              | (Date) |  |
|                    | (Executive Sponsor Name)                 |        |  |
|                    | (Executive Sponsor Signature)            | (Date) |  |